

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02647

2659

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL or and give nearest town) Frederick		LENGTH OF STAY (in this place) Years		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital				STREET ADDRESS (If rural give location) 623A North Market Street			
3. NAME OF DECEASED: (First) GRACE		(Middle) BELLE		(Last) APPLEBY		4. DATE (Month) (Day) (Year) OF DEATH: March 23, 1955	
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow	8. DATE OF BIRTH: September 21, 1872		9. AGE last birthday 82 yrs.	IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework		10B. KIND OF BUSINESS OR INDUSTRY: Home		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Henry Carter				14. MOTHER'S MAIDEN NAME: Margaret Nicodemus			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS: 123 East Fourth Street, Mrs. George F. Grove, Frederick, Maryland			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) DUE TO Cerebral Hemorrhage						1 Day	
ANTECEDENT CAUSE (S) DUE TO Hypertension Heart Disease							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: 0		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR?		(County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3-10, 1955 to 3-23, 1955 that I last saw the deceased alive on 3-24, 1955 , and that death occurred at 3:35A M. , from the causes and on the date stated above.							
SIGNATURE [Signature]		M. D. Frederick, Maryland		DATE SIGNED 3/23/1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF March 25, 1955		NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) (State) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR 24 March 1955		REGISTRAR'S SIGNATURE [Signature]		24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland			

RECEIVED

MAR 28 1975

BUREAU V. S.

CERTIFICATE OF DEATH

Reg. Dist. No. 141

2637

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u> MARYLAND				STATE <u>Maryland</u> COUNTY <u>Frederick</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>35</u> TOWN <u>Bubba Brunswick</u>				CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Rural Jefferson</u> X			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00</u> <u>West Potomac Street</u>				STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED: (First) (Middle) (Last) <u>Jessie</u> <u>May</u> <u>Arvin</u>				4. DATE OF DEATH: (Month) (Day) (Year) <u>3-21</u> <u>19</u> <u>55</u>			
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. <u>Married</u>	8. DATE OF BIRTH: <u>4-27-1891</u>	9. AGE last birthday: <u>63</u> yrs.	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>House wife</u>				10b. KIND OF BUSINESS OR INDUSTRY: <u>Home</u>	11. BIRTHPLACE (State or foreign country): <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME: <u>Charlie Baker</u>				14. MOTHER'S MAIDEN NAME: <u>Annie Shry</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>				16. SOCIAL SECURITY No.: <u>-</u>	17. INFORMANT & ADDRESS: <u>Albert M. Arvin, Jefferson, Md.</u>		
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:						INTERVAL BETWEEN ONSET AND DEATH	
420.1 Immediate cause (a) DUE TO <u>Cerebral hemorrhage</u>							
Antecedent cause(s) (b) DUE TO <u>Cerebral hemorrhage</u>						3 yrs.	
(c)							
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: <u>0</u>				19b. MAJOR FINDINGS OF OPERATION:		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour)		INJURY OCCURRED		HOW DID INJURY OCCUR?			
OF INJURY		While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>6</u>, 19 <u>54</u>, to <u>3-21-55</u>, that I last saw the deceased alive on <u>3-21-55</u>, and that death occurred at <u>10:40 a.m.</u>, from the causes and on the date stated above.							
SIGNATURE <u>[Signature]</u>				(DEGREE OR TITLE) ADDRESS <u>Brunswick, Md.</u>		DATE SIGNED <u>3-21-55</u>	
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>		DATE THEREOF <u>3-21-55</u>		NAME OF CEMETERY OR CREMATORY <u>Luthern</u>		LOCATION (City, town, or county) (State) <u>Jefferson, Maryland.</u>	
DATE REC'D BY LOCAL REG. <u>23-55</u>		REGISTRAR'S SIGNATURE <u>Kathryn N. Brown</u>		24. FUNERAL DIRECTOR <u>C.H. Feete and Bro. Brunswick, Md.</u>		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 28 1955

BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02649

2690

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
<input checked="" type="checkbox"/> TOWN Frederick-Rural R.D.#4		Years		<input checked="" type="checkbox"/> TOWN Frederick-Rural R.D.#4			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cap Stine Road				STREET ADDRESS (If rural give location) Cap Stine Road			
3. NAME OF DECEASED: (Type or Print)		(First) CHARLES		(Middle) EDWARD		(Last) AUSHERMAN	
4. DATE OF DEATH: March 17, 1955		5. SEX: Male		6. COLOR OR RACE: White		7. SINGLE MARRIED	
8. DATE OF BIRTH: November 7, 1965		9. AGE last birthday 89 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		11. BIRTHPLACE (State or foreign country): Maryland	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME: Lawson Ausherman		14. MOTHER'S MAIDEN NAME: Mary Hoffmaster		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS: Mrs. Tobias E. Zimmerman, Frederick R.D.#4, Md.		18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (A) Senility				6 mo.			
ANTECEDENT CAUSE (S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) none							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR?		(County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2-25 , 19 55 , to 3-17 , 19 55 , that I last saw the deceased alive on 2-25 , 19 55 , and that death occurred at 6:00 P.M. , from the causes and on the date stated above.							
SIGNATURE Dr. R. Martin, M.D.		M. D. Frederick, Maryland		DATE SIGNED 3/18/1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Mar. 19, 1955		NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) (State) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR 18 March 1955		REGISTRAR'S SIGNATURE Elizabeth G. Heck		24. FUNERAL DIRECTOR M. R. Etchison & Son		ADDRESS Frederick, Maryland	

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MAR 22 1955

BUREAU V. S.

2660

02650

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY	FREDERICK	STATE	MARYLAND COUNTY FREDERICK
CITY (If outside corporate limits, write RURAL OR and give nearest town)	FREDERICK	CITY (If outside corporate limits write RURAL and give nearest town)	FREDERICK
HOSPITAL OR INSTITUTION OR STREET ADDRESS	213 EAST SECOND ST.	STREET ADDRESS	213 EAST SECOND ST.
3. NAME OF DECEASED:		4. DATE OF DEATH	
(First)	(Middle)	(Last)	(Month) (Day) (Year)
ANN	ELIZABETH	BARRICK	MARCH 29, 1955
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:
FEMALE	WHITE	MARRIED	JAN. 23, 1890
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):		10b. KIND OF BUSINESS OR INDUSTRY:	9. AGE last birthday:
HOUSEWIFE		Home	65 yrs.
11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
MARYLAND		USA	
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
THOMAS F. KENNEDY		AMELIA V. BURCK	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.:	
NO		NONE	
17. INFORMANT & ADDRESS:		HUSBAND- ROBERT F. BARRICK, 213 E 2d St., FREDERICK	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		6 HRS.
(a) CORONARY ARTERY OCCLUSION		
Immediate cause DUE TO		
(b) ARTERIO SCLEROTIC HEART DISEASE		YRS
Antecedent cause(s) DUE TO		
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION:		20. AUTOPSY?
0		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
19b. MAJOR FINDING OF OPERATION:		
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .		
SIGNATURE		CHIEF MEDICAL EXAMINER
Robert J. Jurek		DEPUTY MEDICAL EXAMINER
M. D.		DATE SIGNED
		3-29-55
23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	LOCATION (City, town, or county) (State)
Burial	Apr. 1, 1955	Mount Olivet Cemetery Frederick, Maryland
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR
30 March 1955	Elizabeth S. Herb.	M. R. Etchison & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1233

ALPHABETICALLY BY LAST NAME OF DECEASED

BUREAU V. S.

APR 1 1955

RECEIVED

2661

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02651
Reg. Dist.

No. 131

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY	FREDERICK		STATE MARYLAND COUNTY FREDERICK			
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)		CITY (If outside corporate limits write RURAL and give nearest town) OR			
11 TOWN FREDERICK	HAS		11 TOWN FREDERICK			
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS (If rural, give location)			
CAMP DETRICK			12 E. 14th St.			
3. NAME OF DECEASED:			4. DATE OF DEATH			
(Type or Print)	(First)	(Middle)	(Last)	(Month)	(Day)	(Year)
	JAMES	PIERCE	BROWN	MARCH	17,	1955
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	10. IF UNDER 1 YEAR IF UNDER 24 HRS.	
Male	White	Married	JUNE 10, 1892	62 yrs.	Months	Days
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):			10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?	
Carpenter			Construction	Virginia	USA	
13. FATHER'S NAME:			14. MOTHER'S MAIDEN NAME:			
John C. Brown			Emma Crockett			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)			16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:		
No			114-05-6258	Wife: Ella Brown, 12 E. 14th St., Frederick, Md.		

18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:					
420.0 Immediate cause (a) Left Coronary Artery Occlusion				Mins.	
Antecedent cause(s) (b) Arteriosclerotic Heart Disease				Yes.	
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)					
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION:				19b. MAJOR FINDING OF OPERATION:	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH. None		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY		21c. (City or town) (County) (State)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? None	
M.					
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .					
SIGNATURE		Robert J. Janie,		M. D.	
23. BURIAL, CREMATION, REMOVAL (Specify):		DATE THEREOF		NAME OF CEMETERY OR CREMATORY	
Burial		3-19-1955		Fleming Cemetery	
24. FUNERAL DIRECTOR		ADDRESS		LOCATION (City, town, or county) (State)	
C.E. Cline and Son-Frederick-Md.				South of Wytheville-Va.	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		DATE SIGNED	
17 March 1955		Elizabeth B. Heck.		3-17-55	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1963

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

NAME (Last, First, Middle)		DATE OF BIRTH		PLACE OF BIRTH	
SEX		MARITAL STATUS		EDUCATION	
OCCUPATION		SOURCES OF INCOME		CITIZENSHIP	
RELIGION		MILITARY SERVICE		CRIMINAL RECORD	
SOCIAL SECURITY NUMBER		FINGERPRINTS		PHOTOGRAPH	
CURRENT ADDRESS		PREVIOUS ADDRESSES		TRAVEL RECORD	
EMPLOYMENT HISTORY		FINANCIAL RECORD		INVESTIGATIVE NOTES	

BUREAU V. 1

JUN 21 1963

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02652

2662

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) 11 Frederick		LENGTH OF STAY (in this place) Years		CITY (If outside corporate limits, write RURAL and give nearest town) OR Frederick 11			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 620 Biggs Avenue				STREET ADDRESS (If rural give location) 620 Biggs Avenue			
3. NAME OF DECEASED: (First) MARY		(Middle) ELIZABETH		(Last) COLE		4. DATE (Month) (Day) (Year) OF DEATH: March 25, 1955	
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: September 25, 1882	9. AGE last birthday 72 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife		10B. KIND OF BUSINESS OR INDUSTRY: Home		11. BIRTHPLACE (State or foreign country): New York		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Seth C. Jones				14. MOTHER'S MAIDEN NAME: Clara V. Cole			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY No. None		17. INFORMANT & ADDRESS: 620 Biggs Avenue, Mr. Frank W. Cole, Frederick, Maryland			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
420.0 IMMEDIATE CAUSE (A) Coronary occlusion						hour	
ANTECEDENT CAUSE (S) (B) Hypertensive arteriosclerotic heart disease						years	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: 0		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR?		(County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept., 1954, to 25 March, 1955, that I last saw the deceased alive on 3/25, 1955, and that death occurred at 11:00M, from the causes and on the date stated above.							
SIGNATURE J. M. B. Thomas		M. D. Frederick, Maryland		DATE SIGNED 3/26/1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Mar. 28, 1955		NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR 28 March 1955		REGISTRAR'S SIGNATURE Elizabeth G. Heck-		24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland			

BUREAU V. S.

MAR 29 1955

RECEIVED

2663

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u> MARYLAND				STATE <u>Maryland</u> COUNTY <u>Carroll</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>OR</u> <u>Frederick</u> RURAL LENGTH OF STAY (in this place) <u>week</u>				CITY (If outside corporate limits, write RURAL and give nearest town) <u>OR</u> <u>Chiron Bridge</u> TOWN			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hosp.</u>				STREET ADDRESS (If rural give location) <u>Harquhar St. 06X-2</u>			
3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) <u>WILLIAM DAVIS</u>				4. DATE OF DEATH: (Month) (Day) (Year) <u>Mar. 6 19 55</u>			
5. SEX: <u>male</u>		5. COLOR OR RACE: <u>white</u>		7. SINGLE MARRIED, <u>WIDOWED</u> , DIVORCED (Specify): <u>married</u>		8. DATE OF BIRTH: <u>9/19/1875</u>	
9. AGE last birthday: <u>79</u> yrs.		10. UNDER 1 YEAR: <u>Months</u> <u>Days</u> <u>Hours</u> <u>Min.</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: <u>retired - cement plant</u>				10b. KIND OF BUSINESS OR INDUSTRY: <u>retired - cement plant</u>			
13. FATHER'S NAME: <u>Allen Davis</u>				14. MOTHER'S MAIDEN NAME: <u>Virginia (not known)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>				16. SOCIAL SECURITY NO.: <u>213-03-1053</u>			
17. INFORMANT & ADDRESS: <u>Carroll Davis, Chiron Bridge, Md.</u>				18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				Interval Between Onset And Death			
260X Immediate cause (a) <u>Heart</u>							
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) <u>Heart</u>							
(c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: <u>8</u>				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT SUICIDE HOMICIDE (Specify)				PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)			
TIME (Month) (Day) (Year) (Hour) OF INJURY				INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/> HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 1955</u> to <u>Mar 6 19 55</u> that I last saw the deceased alive on <u>Mar 6 1955</u> and that death occurred at <u>8 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>J. H. Mason M.D.</u>				ADDRESS <u>Chiron Bridge, Md.</u>			
DATE SIGNED <u>Mar 5 1955</u>							
23. BURIAL, CREMATION, REBURYAL (Specify) <u>Buried</u>				DATE THEREOF <u>3/9/55</u>			
NAME OF CEMETERY OR CREMATORY <u>St. Luke's Cemetery</u>				LOCATION (City, town, or county) (State) <u>Carroll County, Md.</u>			
DATE REC'D BY LOCAL REGISTRAR <u>9 March 1955</u>				REGISTRAR'S SIGNATURE <u>Elizabeth B. Heck</u>			
24. FUNERAL DIRECTOR <u>D. D. Hartzler & Sons</u>				ADDRESS <u>Chiron Bridge, Md.</u>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAR 11 1955

RECEIVED

2664

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write OR and give nearest town) 11 Frederick		LENGTH OF STAY (in this place) Over 50 yrs.		CITY (If outside corporate limits, write RURAL and give nearest town) 11 Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 200 Thomas A venue				STREET ADDRESS (If rural give location) 200 Thomas Avenue			
3. NAME OF DECEASED: (Type or Print) FANNIE MAUD DEATER				4. DATE OF DEATH: March 30 19 55			
5. SEX: Female	5. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: February 13, 1883	9. AGE last birthday: 72 yrs.	IF UNDER 1 YEAR: Months Days		IF UNDER 24 HRS: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife		10b. KIND OF BUSINESS OR INDUSTRY: Own home		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: James B. Greenwald				14. MOTHER'S MAIDEN NAME: Mary R. Measell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No 4		16. SOCIAL SECURITY No.: None		17. INFORMANT & ADDRESS: Mr. Harry G. Deater - Frederick, Maryland			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
420.1 Immediate cause (a) Coronary Thrombosis DUE TO						2 hr	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Ch. Arterio Sclerotic Vascular Disease DUE TO						1 d 3 hr	
(c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: 0				19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-15, 1945, to 3-29, 1955, that I last saw the deceased alive on 3-29, 1955, and that death occurred at 5:00 p.m., from the causes and on the date stated above.							
SIGNATURE U. G. Baur Jr M.D.				ADDRESS Suburban Md.		DATE SIGNED 4-1-55	
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF April 2, 1955		NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR April 1955		REGISTRAR'S SIGNATURE Elizabeth G. Heck		24. FUNERAL DIRECTOR C. E. Cline & Son - 8 East Patrick Street		ADDRESS Frederick, Maryland	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 4 1955

BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02655

2691

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Charles
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN Cullen	LENGTH OF STAY (in this place) 497 days.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LaPlata 08X-2	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 04 Victor Cullen State Hospital		STREET ADDRESS ? (If rural give location) ✓	
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year) OF DEATH:	
(First) Charles	(Middle) N.	(Last) Dement	
5. SEX: Male		6. COLOR OR RACE: White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married		8. DATE OF BIRTH: Nov. 15, 1878	
9. AGE last birthday 76 yrs.		IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bank Cashier		10B. KIND OF BUSINESS OR INDUSTRY: Bank Cashier	
11. BIRTHPLACE (State or foreign country): Charles County, Md.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME: Benjamin F. Dement		14. MOTHER'S MAIDEN NAME: Mary Starbuck	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No 3 (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. 217-18-2300	
17. INFORMANT & ADDRESS: Son-in-law, Patrick Slavin			
18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) Pulmonary Tuberculosis		2 years.	
ANTECEDENT CAUSE (S) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.	
21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov. 12, 1953 , to Mar. 24, 1955 , that I last saw the deceased alive on Mar. 24 , 1955, and that death occurred at 1:10 M. from the causes and on the date stated above.			
SIGNATURE [Signature]		ADDRESS Cullen, Maryland DATE SIGNED March 24, 1955	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 3-26-55	
NAME OF CEMETERY OR CREMATORY Cedar Hill		LOCATION (City, town, or county) (State) Suitland, Md.	
DATE REC'D BY LOCAL REGISTRAR 3/24/55		REGISTRAR'S SIGNATURE [Signature]	
24. FUNERAL DIRECTOR		ADDRESS	

RECEIVED

MAR 28 1955

BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02656

2692

CERTIFICATE OF DEATH

Reg. Dist. No. 14

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Md	COUNTY Frederick
CITY (If outside corporate limits, write RURAL OR TOWN) Thurmont	LENGTH OF STAY (in this place) Lifetime	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year) OF DEATH:	
(Type or Print) Byrde	(Middle) May	(Last) Elower	
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: Oct. 19, 1876
9. AGE last birthday: 78 yrs.		10. BIRTHPLACE (State or foreign country): Thurmont Fredk. Co. MD	
11. CITIZEN OF WHAT COUNTRY? U.S.A		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME: Milton Delphey		14. MOTHER'S MAIDEN NAME: Jenny Webb	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT & ADDRESS: Mrs. Walter S. Rice. Thurmont Md			
18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) Cerebral Thrombosis		8 days	
ANTECEDENT CAUSE (B) Arterio sclerosis		?	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Mar. 2, 1955 , to Mar. 10, 1955 , that I last saw the deceased alive on Mar. 10, 1955 , and that death occurred at 6:30 PM from the causes and on the date stated above.			
SIGNATURE M. Frank Bui		DATE SIGNED 3/12/55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 3-13-1955	
NAME OF CEMETERY OR CREMATORY United Brethren Cem.		LOCATION (City, town, or county) (State) Thurmont. Fredk. Co. Md	
DATE REC'D BY LOCAL REGISTRAR March 13 1955		REGISTRAR'S SIGNATURE Blanchet E. Eyer	
24. FUNERAL DIRECTOR ADDRESS M.L. Creager & Son		Thurmont. MD	

RECEIVED

MAR 16 1955

BUREAU V. S.

2665

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write OR and give nearest town) <u>11 TOWN Frederick</u>		RURAL LENGTH OF STAY (in this place) <u>Lifetime</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>TOWN Frederick</u>		<u>11</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>10 213 South Market Street</u>				STREET ADDRESS (If rural give location) <u>213 South Market Street</u>			
3. NAME OF DECEASED: (First) (Middle) (Last) <u>GEORGE G. ENGLEBRECHT</u>				4. DATE OF DEATH: (Month) (Day) (Year) <u>March 25 1955</u>			
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Married</u>	8. DATE OF BIRTH: <u>April 29, 1888</u>	9. AGE last birthday: <u>66</u> yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): <u>Butcher</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Meat Packing</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>George G. Englebrecht</u>				14. MOTHER'S MAIDEN NAME: <u>Susan Young</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No 3</u>		16. SOCIAL SECURITY No.: <u>214-10-2823</u>		17. INFORMANT & ADDRESS: <u>Mrs. George G. Englebrecht - 213 S. Market St. Frederick, Md.</u>			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
<u>420.1</u> Immediate cause (a) <u>Pulmonary Edema</u> DUE TO <u>2 hrs</u> Antecedent causes (s) (b) <u>Cerebral Thrombosis</u> DUE TO <u>10 days</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: <u>0</u>				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY ? Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR ?			
22. I hereby certify that I attended the deceased from <u>Jan 1952</u> , to <u>March 25 1955</u> , that I last saw the deceased alive on <u>March 24, 1955</u> , and that death occurred at <u>1:15 a.m.</u> , from the causes and on the date stated above.							
SIGNATURE <u>Bothman</u>				ADDRESS <u>Frederick Md</u>		DATE SIGNED <u>3/26/55</u>	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>March 28, 1955</u>		<u>Mount Olivet Cemetery</u>		<u>Frederick, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR ADDRESS			
<u>26 March 1955</u>		<u>Elizabeth B. Heck</u>		<u>C. E. Cline & Son - 8 East Patrick Street Frederick, Maryland</u>			

RECEIVED

MAR 29 1955

BUREAU V. S.

2665

02658

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist.

No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Frederick</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Frederick</u>		LENGTH OF STAY (in this place) Years		CITY (If outside corporate limits write RURAL and give nearest town) <u>Frederick-Rural R. F. D. #1</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>				STREET ADDRESS (If rural, give location) <u></u>			
3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) <u>FLORENCE VIRGINIA EVANS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 15, 19 55</u>				
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Married</u>	8. DATE OF BIRTH: <u>January 14, 1917</u>	9. AGE last birthday: <u>38</u> yrs.	10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of work life, <u>Telephone Operator</u>)		10b. KIND OF BUSINESS OR INDUSTRY: <u>C.&P. Tel. Co.</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Andrew Picken</u>				14. MOTHER'S MAIDEN NAME: <u>Lucy Pope</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY No.: <u>212-07-8476</u>		17. INFORMANT & ADDRESS: <u>Mr. Winfield C. Evans, Frederick, R.D. #1, Md.</u>			

18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:					
<u>823X</u> Immediate cause (a) <u>CEREBRAL CONTUSION + INFARCTION</u> DUE TO Antecedent cause(s) (b) <u></u> Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) <u></u>					
2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION: <u>2</u>		19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY <u>Highway</u>)		21c. (City or town) (County) <u>10</u> (State) <u></u>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>March 12, 1955-2:25 A.M.</u>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>AUTO HUSBAND WAS DRIVING STRUCK TREE</u>	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .					
SIGNATURE <u>Robert J. Janie</u>		M. D. <u></u>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED <u>3-15-55</u> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAM. <input type="checkbox"/>	
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>		DATE THEREOF <u>Mar. 18, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Pocomoke Presbyterian Cem.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Elizabeth H. Heck</u>		24. FUNERAL DIRECTOR <u>Holloway & Co., 520 E. Church St., Salisbury, Md.</u>		LOCATION (City, town, or county) (State) <u>Pocomoke City, Maryland</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 18 1955
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Frederick
CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick	LENGTH OF STAY (in this place) Lifetime	CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 103 East Fourth Street		STREET ADDRESS (If rural give location) 103 East Fourth Street	
3. NAME OF DECEASED: (First) HENRY (Middle) FAHRNEY (Last) FALK		4. DATE OF DEATH: (Month) March (Day) 21 (Year) 1955	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: 1-12-1914
9. AGE last birthday: 41 yrs.		10. IF UNDER 1 YEAR: Months Days Hours Min.	
11a. USUAL OCCUPATION: Give kind of work done during most of working life, even if retired): Grocer		11b. KIND OF BUSINESS OR INDUSTRY: Retail Grocery	
12. BIRTHPLACE (State or foreign country): Maryland		13. CITIZEN OF WHAT COUNTRY? USA	
14. FATHER'S NAME: John W. Falk		15. MOTHER'S MAIDEN NAME: Elizabeth F. Davis	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		17. SOCIAL SECURITY No.: 214-10-3740	
18. (If Yes, give war or dates of service) World War II		19. INFORMANT & ADDRESS: Mrs. Henry F. Falk-103 E. 4th St. Fred'k. Md.	
20. MEDICAL CERTIFICATION			
21. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death	
420.1 Immediate cause (a) Acute Angiogenic Heart Failure		5 minutes	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Arteriosclerosis		3 years	
(c)			
22. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
23a. DATE OF OPERATION: 2		23b. MAJOR FINDINGS OF OPERATION	
24. ACCIDENT SUICIDE HOMICIDE (Specify)		25. PLACE (Home, farm, factory, street, OF INJURY)	
26. TIME (Month) (Day) (Year) (Hour) OF INJURY		27. INJURY OCCURRED While at Work Not While At Work	
28. HOW DID INJURY OCCUR?		29. DATE OF OPERATION: 2	
30. MAJOR FINDINGS OF OPERATION			
31. DATE OF OPERATION: 2			
32. MAJOR FINDINGS OF OPERATION			
33. DATE OF OPERATION: 2			
34. MAJOR FINDINGS OF OPERATION			
35. DATE OF OPERATION: 2			
36. MAJOR FINDINGS OF OPERATION			
37. DATE OF OPERATION: 2			
38. MAJOR FINDINGS OF OPERATION			
39. DATE OF OPERATION: 2			
40. MAJOR FINDINGS OF OPERATION			
41. DATE OF OPERATION: 2			
42. MAJOR FINDINGS OF OPERATION			
43. DATE OF OPERATION: 2			
44. MAJOR FINDINGS OF OPERATION			
45. DATE OF OPERATION: 2			
46. MAJOR FINDINGS OF OPERATION			
47. DATE OF OPERATION: 2			
48. MAJOR FINDINGS OF OPERATION			
49. DATE OF OPERATION: 2			
50. MAJOR FINDINGS OF OPERATION			
51. DATE OF OPERATION: 2			
52. MAJOR FINDINGS OF OPERATION			
53. DATE OF OPERATION: 2			
54. MAJOR FINDINGS OF OPERATION			
55. DATE OF OPERATION: 2			
56. MAJOR FINDINGS OF OPERATION			
57. DATE OF OPERATION: 2			
58. MAJOR FINDINGS OF OPERATION			
59. DATE OF OPERATION: 2			
60. MAJOR FINDINGS OF OPERATION			
61. DATE OF OPERATION: 2			
62. MAJOR FINDINGS OF OPERATION			
63. DATE OF OPERATION: 2			
64. MAJOR FINDINGS OF OPERATION			
65. DATE OF OPERATION: 2			
66. MAJOR FINDINGS OF OPERATION			
67. DATE OF OPERATION: 2			
68. MAJOR FINDINGS OF OPERATION			
69. DATE OF OPERATION: 2			
70. MAJOR FINDINGS OF OPERATION			
71. DATE OF OPERATION: 2			
72. MAJOR FINDINGS OF OPERATION			
73. DATE OF OPERATION: 2			
74. MAJOR FINDINGS OF OPERATION			
75. DATE OF OPERATION: 2			
76. MAJOR FINDINGS OF OPERATION			
77. DATE OF OPERATION: 2			
78. MAJOR FINDINGS OF OPERATION			
79. DATE OF OPERATION: 2			
80. MAJOR FINDINGS OF OPERATION			
81. DATE OF OPERATION: 2			
82. MAJOR FINDINGS OF OPERATION			
83. DATE OF OPERATION: 2			
84. MAJOR FINDINGS OF OPERATION			
85. DATE OF OPERATION: 2			
86. MAJOR FINDINGS OF OPERATION			
87. DATE OF OPERATION: 2			
88. MAJOR FINDINGS OF OPERATION			
89. DATE OF OPERATION: 2			
90. MAJOR FINDINGS OF OPERATION			
91. DATE OF OPERATION: 2			
92. MAJOR FINDINGS OF OPERATION			
93. DATE OF OPERATION: 2			
94. MAJOR FINDINGS OF OPERATION			
95. DATE OF OPERATION: 2			
96. MAJOR FINDINGS OF OPERATION			
97. DATE OF OPERATION: 2			
98. MAJOR FINDINGS OF OPERATION			
99. DATE OF OPERATION: 2			
100. MAJOR FINDINGS OF OPERATION			

RECEIVED

MAR 28 1955

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2693

02660

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist.

No. 145

1. PLACE OF DEATH:

COUNTY FREDERICK MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) RURAL-MYERSVILLE LENGTH OF TRAVEL (in this place) MIN.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Route U.S. 40

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE OHIO COUNTY Summit 72X-3

CITY (If outside corporate limits write RURAL and give nearest town) AKRON CUYAHOGA FALLS

OR TOWN AKRON CUYAHOGA FALLS

STREET ADDRESS 4639 WYOGA LAKE RD

617 HAZEL ST.

3. NAME OF DECEASED:

(First)

(Middle)

(Last)

JESSEOLIVEFEISTER**4. DATE OF DEATH**

(Month)

(Day)

(Year)

MARCH30, 1955**5. SEX:**MALE**6. COLOR OR RACE:**WHITE**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):**MARRIED**8. DATE OF BIRTH:**OCT. 24, 1895**9. AGE last birthday:**59 yrs.**IF UNDER 1 YEAR**

Months

Days

IF UNDER 24 HRS.

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done, during most of work life, or if retired):Painting Contractor**10b. KIND OF BUSINESS OR INDUSTRY:**OWN Business Grover Hill Ohio**11. BIRTHPLACE (State or foreign country):**U.S.A.**12. CITIZEN OF WHAT COUNTRY?**U.S.A.**13. FATHER'S NAME:**John Feister**14. MOTHER'S MAIDEN NAME:**Labine Hock**15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)**2-yes**(If Yes, give war or dates of service)**WORLD WAR II**16. SOCIAL SECURITY No.:****17. INFORMANT & ADDRESS:**John F. Feister - 4639 Wyoga Lake Rd**18. MEDICAL CERTIFICATION****I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:**816XImmediate cause(a) BROKEN NECK, LACERATED HEART, LACERATED AORTA, FRACTURED LARYNX, CRUSHED CHESTDUE TOAntecedent cause(s)Diseases or conditions, if any, giving rise to the above causestating underlying cause last(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.**19a. DATE OF OPERATION:**2**19b. MAJOR FINDING OF OPERATION:****20. AUTOPSY?**Yes ☒ No ☐**21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.****21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY)****21c. (City or town)****(County)**US. RTE 40 at Md. Rte 17**21d. TIME (Month) (Day) (Year) (Hour) OF INJURY**MAR. 30, 1955 7:15 PM.**21e. INJURY OCCURRED While at work Not while at work**While at work**21f. HOW DID INJURY OCCUR?**DRIVING VEHICLE (AUTO) WHICH STRUCK ANOTHER AUTO

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURERobert J. Junie,**M. D.****CHIEF MEDICAL EXAMINER****DEPUTY MEDICAL EXAMINER****ASSISTANT MEDICAL EXAM.****DATE SIGNED**3-30-55**23. BURIAL, CREMATION, REMOVAL (Specify):**REMOVAL**DATE THEREOF**3/31/55**NAME OF CEMETERY OR CREMATORY****LOCATION (City, town, or county)****(State)**AKRON - SUMMIT CO. OHIO**DATE REC'D BY LOCAL REG.**April 1, 55**REGISTRAR'S SIGNATURE**Floyd M. Bittle**24. FUNERAL DIRECTOR****ADDRESS**PAUL F. BITTLE, Myersville, Md

RECEIVED

APR 4 1955

BUREAU V. S.

2668

CERTIFICATE OF DEATH

Reg. Dist. No. 13/.....

1. PLACE OF DEATH:

COUNTY

Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL, LENGTH OF STAY
OR and give nearest town) (in this place)

11 Frederick

1 day

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

69 Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE

Maryland

COUNTY

Carroll

CITY (If outside corporate limits, write RURAL, and give nearest town)
OR

New Windsor 06X-2

STREET
ADDRESS(If rural give location)
RD #13. NAME OF
DECEASED:

(First)

(Middle)

(Last)

(Type or Print)

ROBERT LEWIS Gorsuch

4. DATE
OF
DEATH:

(Month)

(Day)

(Year)

March 14 1955

5. SEX:

M

6. COLOR OR
RACE:

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify):

Single

8. DATE OF BIRTH:

13 Mar 1955

9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.

0 yrs.

Months

Days

Hours

Min.

10a. USUAL OCCUPATION. Give kind of
work done during most of working life,
even if retired):

Infant

10b. KIND OF BUSINESS OR
INDUSTRY:

11. BIRTHPLACE (State or foreign country):

Maryland

12. CITIZEN OF WHAT
COUNTRY?

U.S.A.

13. FATHER'S NAME:

Edwin Q. Gorsuch

14. MOTHER'S MAIDEN NAME:

Bessie Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service)

4 no

16. SOCIAL SECURITY No.:

None

17. INFORMANT & ADDRESS:

Edwin Q. Gorsuch New Windsor RD 1 Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

771.0

Immediate cause

(a)

DUE TO

Antecedent causes(s)

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last.

(b)

DUE TO

(c)

Adrenal cortical failure
secondary to bilateral adrenal
hemorrhageInterval Between
Onset And DeathEntire
life

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

2

20. AUTOPSY ?

Yes ☐ No ☒21. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street,
OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)
OF INJURY m.INJURY OCCURED
While at Not While
Work ☐ At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 Mar. 1955, to 14 Mar. 1955, that I last saw the deceased

alive on 14 Mar. 1955 and that death occurred at 11:05 AM, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Edwin Q. Gorsuch M.D.

Westminster Md Mar 14 1955

23. BURIAL, CREMATION,
REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL
REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

14 March 1955

Elizabeth B. Hecks

A. Bankard & Son Westminster, Md.

2035323416

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 17 1955

BUREAU V. S.

2669

CERTIFICATE OF DEATH

Reg. Dist. No. 131

02662

1. PLACE OF DEATH:

COUNTY

FREDERICK MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town)
OR
TOWN
FREDERICK
HOSPITAL OR
INSTITUTION OR
STREET ADDRESS
Memorial Hospital

MIDDLE

LENGTH OF STAY
(in this place)
1 week

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE

Maryland FREDERICK COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town)
OR
TOWNWOODSBORO
STREET ADDRESS
(If rural give location)

3. NAME OF DECEASED:

(First)

(Middle)

(Last)

CORA

ALICE

HAHN

4. DATE OF DEATH:

(Month)

(Day)

(Year)

March 12 19 55

5. SEX:

6. COLOR OR RACE:

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH:

9. AGE last birthday:

IF UNDER 1 YEAR IF UNDER 24 HRS.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X

Immediate cause

(a)

DUE TO

Antecedent causes (s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY ?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR ?

22. I hereby certify that I attended the deceased from 19 55 to 19 55 that I last saw the deceased

alive on 12/12/55, and that death occurred at 9:15 P.M. from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

8273

BUREAU V. S.

MAR 17 1955

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2670

CERTIFICATE OF DEATH

 02663
 131
 Reg. Dist. No.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Frederick</u>		If outside corporate limits, write RURAL and give nearest town)	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		OR TOWN <u>Frederick-Rural-R.F.D.#3</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		<u>Frederick Memorial Hospital</u>		STREET ADDRESS (If rural give location)		<u>Yellow Springs</u>	
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year)			
<u>RUSSELL HARRISON HARRIS</u>				DEATH: <u>March 8, 1955</u>			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
<u>Male</u>	<u>White</u>	<u>Married</u>	<u>October 2, 1881</u>	<u>63</u> yrs.	Months	Days	Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):				10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):	
<u>Plasterer</u>				<u>Contractor</u>		<u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY?				<u>USA</u>			
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<u>William Harris</u>				<u>Lucy L. Lewis</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS:	
<u>Yes</u> <u>WWI</u>				<u>214-10-1659</u>		<u>Mrs. Cloe L. Harris, Frederick, R.F.D.#3, Md.</u>	
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
<u>420.1</u>							
IMMEDIATE CAUSE (A) <u>Coronary thrombosis</u>							<u>30 hrs</u>
ANTECEDENT CAUSE (S) DUE TO							
(B) <u>Arteriosclerosis &</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO							<u>24 hrs +</u>
(C) <u>Hypertension</u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<u>0</u>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>March 3, 1955</u> , to <u>March 8, 1955</u> , that I last saw the deceased alive on <u>March 7, 1955</u> , and that death occurred at <u>6:40 A.M.</u> , from the causes and on the date stated above.							
SIGNATURE <u>B. Thomas</u>				M.D. <u>Frederick, Maryland</u>		DATE SIGNED <u>3/8/1955</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>March 11, 1955</u>		<u>Pleasant Hill Cemetery</u>		<u>Frederick County, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>10 March 1955</u>		<u>Elizabeth B. Herb.</u>		<u>M. R. Etchison & Son, Frederick, Maryland</u>			

RECEIVED

MAR 11 1955

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02664
2671 CERTIFICATE OF DEATH Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Md	COUNTY Frederick
CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) Mountaineale	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED: (First) Franklin (Middle) W. C. (Last) Hewitt		4. DATE (Month) (Day) (Year) OF DEATH: Mch. 22. 1955	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Feb. 24. 1884
9. AGE last birthday 71 yrs.		IF UNDER 1 YEAR	IF UNDER 24 HRS.
		Months	Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer		10B. KIND OF BUSINESS OR INDUSTRY: Frederick City	11. BIRTHPLACE (State or foreign country): Frederick Co. MD
12. CITIZEN OF WHAT COUNTRY? U.S.A			
13. FATHER'S NAME: Charles W. Hewitt		14. MOTHER'S MAIDEN NAME: Susann Sheets.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 220-09-8038	
17. INFORMANT & ADDRESS: Md Mrs Nannie B. Hewitt Thurmont R.D.I			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) Coronary Thrombosis		12 hrs	
ANTECEDENT CAUSE (B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-20 , 1955, to 3-22 , 1955, that I last saw the deceased alive on 3-22 , 1955, and that death occurred at 9:05 PM , from the causes and on the date stated above.			
SIGNATURE M. B. Bauman Jr		ADDRESS M. D. Indiantown	
DATE SIGNED 3-23-55			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Mch. 25th. 1955	
NAME OF CEMETERY OR CREMATORY Lewistown Cemetery		LOCATION (City, town, or county) (State) Lewistown Fredk Co. MD	
DATE REC'D BY LOCAL REGISTRAR 25 March 1955		REGISTRAR'S SIGNATURE Elizabeth G. Heck	
24. FUNERAL DIRECTOR M. L. Creager & Son. Thurmont. MD		ADDRESS	

MARGIN RESERVED FOR BINDING

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 29 1955

BUREAU V. B.

2694

CERTIFICATE OF DEATH

Reg. Dist. No. 02665
147

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick MARYLAND				STATE Maryland COUNTY Frederick			
CITY (If outside corporate limits, write RURAL and give nearest town) OR Rural Brunswick				CITY (If outside corporate limits, write RURAL and give nearest town) OR Brunswick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Merrie				STREET ADDRESS (If rural, give location) East Potomac St.			
3. NAME OF DECEASED: (First) Emma (Middle) E. (Last) Horine				4. DATE OF DEATH: (Month) 3 (Day) - 18 (Year) 19 55			
5. SEX: Female		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single		8. DATE OF BIRTH: II-7-1858	
9. AGE last birthday: 96 yrs.		IF UNDER 1 YEAR: Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None				10b. KIND OF BUSINESS OR INDUSTRY: None		11. BIRTHPLACE (State or foreign country): Maryland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13. FATHER'S NAME: John A. Horine				14. MOTHER'S MAIDEN NAME: Francis Grove			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)				16. SOCIAL SECURITY No.: *		17. INFORMANT & ADDRESS: Mr. A. L. W. Horine, Brunswick, Md.	

18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:							
Immediate cause (a) Uremia						1 week	
Antecedent cause(s) (b) Arterio-sclerotic nephritis						??	
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)							
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: 8						19b. MAJOR FINDINGS OF OPERATION:	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED White st work <input type="checkbox"/> Not white at work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7/18 , 19 54 , to 3/18 , 19 55 , that I last saw the deceased alive on 3/17 , 19 55 , and that death occurred at 12 noon , from the causes and on the date stated above.							
SIGNATURE H. B. Carpenter - M.D.						DATE SIGNED 3/19/55	
23. BURIAL, CREMATION REMOVAL (Specify): Burial		DATE THEREOF: 3-20-1955		NAME OF CEMETERY OR CREMATORY: Union		LOCATION (City, town, or county) (State): Burkittsville, Maryland	
DATE REC'D BY LOCAL REG. Mar. 19-55		REGISTRAR'S SIGNATURE: Kathryn H. Brown		24. FUNERAL DIRECTOR: C. H. Feete and Bro, Brunswick, Md.			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAR 23 1965

RECEIVED

2695

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02666

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>FREDERICK</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MARYLAND</u> COUNTY <u>FREDERICK</u>	
3. NAME OF DECEASED (Type or Print) <u>ANDREW HANSON JACKSON</u>		4. DATE OF DEATH <u>MAR 10</u> 19 <u>55</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. STATUS <u>WIDOWED</u>		8. DATE OF BIRTH <u>11-20-1867</u>	
9. AGE <u>87</u> yrs.		10. <u>MONTHS</u> <u>DAYS</u> <u>HOURS</u> <u>MIN.</u>	
11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>CHARLES H. B. JACKSON</u>		14. MOTHER'S MAIDEN NAME <u>ELIZA J. KEEFER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>(If yes, give war or dates of service)</u>		16. SOCIAL SECURITY No. <u>COUNTY HOME RECORDS</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
(a) Immediate cause <u>Coronary Heart failure</u>		<u>2 days</u>	
(b) Antecedent cause(s) <u>Coronary Arteriosclerosis</u>		<u>5 days</u>	
(c) Other significant conditions <u>Arterio Sclerosis</u>		<u>2 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT (Specify) <u>SUICIDE</u>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from....., 19 <u>53</u> , to <u>Mar 10</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Mar 10</u> , 19 <u>55</u> , and that death occurred at <u>8 P</u> m., from the causes and on the date stated above.			
SIGNATURE <u>H. H. Hume M.D.</u>		ADDRESS <u>Fredonia Md</u>	
DATE SIGNED <u>Mar 11 55</u>			
23. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>	DATE THEREOF <u>3-13-1955</u>	NAME OF CEMETERY OR CREMATORY <u>NEW MARKET CEMETERY</u>	LOCATION (City, town, or county) (State) <u>NEW MARKET MD</u>
DATE REC'D BY LOCAL REG. <u>3-12-1955</u>	REGISTRAR'S SIGNATURE <u>Eligible S. Heib.</u>	24. FUNERAL DIRECTOR <u>W. E. Falconer</u>	ADDRESS <u>New Market Md</u>

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU Y. S.

MAR 15 1955

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02667

2672

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>11 TOWN Frederick</u>		LENGTH OF STAY (in this place) <u>Years</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>TOWN Frederick</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>90 Herbst Nursing Home</u>		STREET ADDRESS (If rural give location) <u>21 East Fourth Street</u>					
3. NAME OF DECEASED: (First) (Middle) (Last) <u>LIZZIE MAE KANODE</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>March 29, 1955</u>			
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Single</u>	8. DATE OF BIRTH: <u>May 1, 1871</u>	9. AGE last birthday <u>83</u> yrs.	IF UNDER 1 YEAR Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Home</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Martin E. Kanode</u>				14. MOTHER'S MAIDEN NAME: <u>Angeline (LShelton) Unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS: <u>Harold E. Kanode, R.F.D.#6, Frederick, Md.</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Angerine Heart Failure</u>						<u>2 months</u>	
ANTECEDENT CAUSE (S) DUE TO (B) <u>Arteriosclerotic Heart Disease</u>						<u>1 year</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>0</u>				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>54</u> , to <u>29 March</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>29 March</u> , 19 <u>55</u> , and that death occurred at <u>12:15</u> M, from the causes and on the date stated above.							
SIGNATURE <u>Thomas E. Stee</u>		M.D. <u>Frederick, Maryland</u>		ADDRESS <u>3/30/1955</u>		DATE SIGNED	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Apr. 1, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>30 March 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth B. Heck</u>		24. FUNERAL DIRECTOR <u>M. R. Etchison & Son, Frederick, Maryland</u>		ADDRESS	

BUREAU V. S.

APR 1 1955

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02668

2673

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>11</u> <u>TOWN</u> <u>Frederick</u>		LENGTH OF STAY (in this place) <u>7</u> Days		CITY (If outside corporate limits, write RURAL and give nearest town) <u>OR</u> <u>TOWN</u> <u>Frederick</u> <u>11</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>				STREET ADDRESS (If rural give location) <u>27 East Third Street</u>			
3. NAME OF DECEASED: (First) (Middle) (Last) <u>MARGARET</u> <u>DUKE</u> <u>KEPLER</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>March 4,</u> <u>19 55</u>			
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, <u>WIDOWED, DIVORCED,</u> (Specify): <u>Widow</u>	8. DATE OF BIRTH: <u>August 26, 1881</u>	9. AGE last birthday <u>63</u> yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Practical Nurse</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Hospital</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>John Duke</u>				14. MOTHER'S MAIDEN NAME: <u>Lillian Jarboe</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>4</u> No <u>No</u>		16. SOCIAL SECURITY No. <u>None</u>		17. INFORMANT & ADDRESS: <u>27 East Third Street,</u> <u>James H. Kepler, Frederick, Maryland</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
<u>415X</u> IMMEDIATE CAUSE A <u>Infarction left Cerebrum</u> D <u>Left middle meningeal embolism</u> DUE TO						<u>4 days</u> <u>4 days</u>	
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.						(B) <u>Rheumatic myocarditis with valvulitis</u> DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>2</u>		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 25</u> , 19 <u>55</u> , to <u>March 4</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>March 3</u> , 19 <u>55</u> , and that death occurred at <u>12:30 AM</u> , from the causes and on the date stated above.							
SIGNATURE <u>S. R. Scholman</u>				ADDRESS <u>Frederick, Maryland</u>		DATE SIGNED <u>3/4/1955</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Mar. 6, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Rocky Springs Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick County, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>March 5, 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth B. Hersh-</u>		24. FUNERAL DIRECTOR <u>M. R. Etchison & Son, Frederick, Maryland</u>		ADDRESS	

RECEIVED

MAR 8 1955

BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02669

2674

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick		LENGTH OF STAY (in this place) Life		CITY (If outside corporate limits, write RURAL and give nearest town) OR Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital				STREET ADDRESS (If rural give location) 14 West 14th Street			
3. NAME OF DECEASED: (First) (Middle) (Last) LOUIS VINCENT KEYSER				4. DATE (Month) (Day) (Year) OF DEATH: March 6, 1955			
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: September 17, 1908	9. AGE last birthday 46 yrs.	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman			10B. KIND OF BUSINESS OR INDUSTRY: Insurance		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Calvin V. Keyser				14. MOTHER'S MAIDEN NAME: Mary L. Kennedy			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Yes WWII			16. SOCIAL SECURITY NO. 214-10-5279		17. INFORMANT & ADDRESS: Mrs. Belle L. Keyser, Frederick, Maryland		
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Acute myocardial infarction						10 days	
ANTECEDENT CAUSE (B) Coronary artery occlusion						10 days	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Arterio-sclerosis of coronary arteries						unknown	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: 2				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR?		(County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2-24 , 19 55 , to 3-6 , 19 55 , that I last saw the deceased alive on 2-5 , 19 55 , and that death occurred at 4:04 A.M. , from the causes and on the date stated above.							
SIGNATURE J. R. Schoolman		M. D. Frederick, Maryland		DATE SIGNED 3/7/1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Mar. 9, 1955		NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) (State) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR March 1955		REGISTRAR'S SIGNATURE Elizabeth G. Hesch		24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS	

RECEIVED

MAR 8 1955

BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02670

2675

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Frederick</u>		LENGTH OF STAY (in this place) Years		CITY (If outside corporate limits, write RURAL and give nearest town) OR <u>Frederick</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>				STREET ADDRESS (If rural give location) <u>114 West Church Street</u>			
3. NAME OF DECEASED: (First) (Middle) (Last) <u>CHARLES</u> <u>SETH</u> <u>LANE</u> <u>111</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>March</u> <u>12</u> , <u>1955</u>			
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. <u>SINGLE</u> , MARRIED, WIDOWED, DIVORCED, (Specify): <u>Married</u>	8. DATE OF BIRTH: <u>December 17, 1894</u>	9. AGE last birthday <u>60</u> yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Sect.-Treas.</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Milling Co.</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>William Preston Lane</u>				14. MOTHER'S MAIDEN NAME: <u>Virginia Cartwright</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>Yes</u> <u>WW1</u>		15. SOCIAL SECURITY NO. <u>214-10-2003</u>		17. INFORMANT & ADDRESS: <u>114 West Church Street, Mrs. Susan G. Lane, Frederick, Maryland</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Rupture of abdominal aortic aneurysm</u>						<u>Dark day</u>	
ANTECEDENT CAUSE (S) (B) <u>arterio sclerosis</u>						<u>unknown</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>2</u>		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21C. WHERE DID (City or town) INJURY OCCUR?		(County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>3-12</u> , 19 <u>55</u> , to <u>3-12</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>3-12</u> , 19 <u>55</u> , and that death occurred at <u>4:55 PM</u> , from the causes and on the date stated above.							
SIGNATURE <u>J. L. Schaeffer</u>		M.D. <u>Frederick, Maryland</u>		DATE SIGNED <u>3/14/1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Mar. 15, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>15 March 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth G. Hech</u>		24. FUNERAL DIRECTOR <u>M. R. Etchison & Son</u>		ADDRESS <u>Frederick, Maryland</u>	

RECEIVED

MAR 16 1955

BUREAU V. S.

2688

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02671

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 141

1. PLACE OF DEATH:

COUNTY FREDERICK MARYLAND
 CITY (If outside corporate limits, write RURAL OR and give nearest town)
 TOWN BRUNSWICK Life
 HOSPITAL OR INSTITUTION OR STREET ADDRESS R. R. Trucks

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY FREDERICK
 CITY (If outside corporate limits write RURAL and give nearest town)
 OR TOWN BRUNSWICK
 STREET ADDRESS (If rural, give location)
325 WALNUT ST.

3. NAME OF DECEASED: (First) (Middle) (Last)
VERNON CLAY LONG
 (Type or Print)
 5. SEX: MALE 6. COLOR OR RACE: WHITE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): DIVORCED 8. DATE OF BIRTH: MAR. 21, 1909 9. AGE last birthday: 45 yrs. 10. IF UNDER 1 YEAR: Months Days Hours Min. 11. IF UNDER 24 HRS.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): LABORER 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

William H. Long

14. MOTHER'S MAIDEN NAME:

Minnie Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 705-14-1813

17. INFORMANT & ADDRESS:

Mrs. Mary Barger, Brunswick Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

802X
 Immediate cause

(a) FRACTURED SKULL, COMPOUND

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) EMPD FRAC. PELVIS, FRAC. L. LEG & R. ARM

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

MINSMINS

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY RAILROAD

21c. (City or town) (County) (State)
BRUNSWICK - FREDERICK - MD.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 3-7-55 Ca 1:00 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? STRUCK BY TRAIN

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE

Robert J. Jurek

CHIEF MEDICAL EXAMINER ☐ DATE SIGNED 3-7-55
 DEPUTY MEDICAL EXAMINER ☒
 M. D. ASSISTANT MEDICAL EXAM. ☐

23. BURIAL, CREMATION, REMOVAL (Specify):

Burial
 DATE REC'D BY LOCAL REG. 3-8-55

DATE THEREOF

3-9-55

NAME OF CEMETERY OR CREMATORY

Reformed

LOCATION (City, town, or county)

Knoxville

(State)

Md.

REGISTRAR'S SIGNATURE

Kathryn H. Brown

24. FUNERAL DIRECTOR

C. H. Fute & Bros Brunswick Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

BUREAU V. S.

MAR 10 1953

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2676

CERTIFICATE OF DEATH

02672

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick MARYLAND		STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) 11 Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) OR Hyattstown	
HOSPITAL OR INSTITUTE OR STREET ADDRESS 69 Frederick Memorial Hospital		STREET ADDRESS (If rural give location) /	
3. NAME OF DECEASED: (First) (Middle) (Last) ELLA MAY VIRGINIA LYLES		4. DATE (Month) (Day) (Year) OF DEATH: March 13, 1955	
5. SEX: Female	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH: 28 July 1883
9. AGE last birthday 71 yrs.		IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-work		10B. KIND OF BUSINESS OR INDUSTRY: At Home	
11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Daniel W. Lyles		14. MOTHER'S MAIDEN NAME: Elizabeth Lyles	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 4 No		16. SOCIAL SECURITY NO. None	
17. INFORMANT & ADDRESS: Forest E. Lyles, Hyattstown, Maryland			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 451X			12 hrs.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
(A) Dissecting aneurysm of aorta DUE TO (B) Idiopathic medial cystic necrosis DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: 2		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 13 March, 1955 , to 13 March, 1955 , that I last saw the deceased alive on 13 March, 1955 , and that death occurred at 10:40 A M. from the causes and on the date stated above.			
SIGNATURE William E. Lea		ADDRESS Frederick, Md.	
DATE SIGNED 14 March 1955		(State)	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 16 March 1955	
NAME OF CEMETERY OR CREMATORY Montgomery Chapel Cemetery		LOCATION (City, town, or county) (State) Hyattstown, Maryland	
DATE REC'D BY LOCAL REGISTRAR 16 March 1955		REGISTRAR'S SIGNATURE Elizabeth B. Heisk.	
24. FUNERAL DIRECTOR W. L. Burdette		ADDRESS Hyattstown, Maryland	

RECEIVED

MAR 17 1955

BUREAU V. S.

2696

CERTIFICATE OF DEATH

Reg. Dist. No.

02673

134

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick MARYLAND		STATE Maryland Frederick COUNTY	
CITY (If outside corporate limits, write RURAL or and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
X TOWN Rural Emmitsburg, 79 yrs.		TOWN Rural Emmitsburg, X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emmitsburg, R.D.# 2		STREET ADDRESS Emmitsburg, R.D.# 2	
3. NAME OF DECEASED:		4. DATE OF DEATH:	
(First) (Middle) (Last)		(Month) (Day) (Year)	
David Nevin Martin		March 19, 1956	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:
Male	White	Married	June 19, 1875
9. AGE last birthday:		10. BIRTHPLACE (State or foreign country):	
79 yrs.		Frederick Co. Md.	
11. CITIZEN OF WHAT COUNTRY?		12. CITIZEN OF WHAT COUNTRY?	
U.S.A.		U.S.A.	
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
George Martin		Mary Whitmore	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.:	
No		None	
17. INFORMANT & ADDRESS:		Emmitsburg, Md.	
Phoebe H. Martin		R.D.# 2	

18. MEDICAL CERTIFICATION		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) Coronary occlusion		1 hour
Antecedent causes (s) (b) Arteriosclerosis		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c)		

11. OTHER SIGNIFICANT CONDITIONS		20. AUTOPSY ?	
Conditions contributing to the death but not related to the disease or condition causing death.		Yes <input type="checkbox"/> No <input type="checkbox"/>	
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)	
SUICIDE		INJURY	
HOMICIDE			
TIME (Month) (Day) (Year) (Hour)		INJURY OCCURRED	
OF		While at Not While	
INJURY		Work <input type="checkbox"/> At Work <input type="checkbox"/>	
		HOW DID INJURY OCCUR ?	

22. I hereby certify that I attended the deceased from Feb. 5, 1955, to March 19, 1955, that I last saw the deceased alive on Feb. 6, 1955, and that death occurred at 2 A.M., from the causes and on the date stated above.			
SIGNATURE		DATE SIGNED	
Charles R. Williams M.D.		March 19, 1955	
ADDRESS		Emmitsburg, Md.	
23. BURIAL, CREMATION, REMOVAL (Specify)		LOCATION (City, town, or county) (State)	
Burial		Emmitsburg, Frederick Co. Md.	
DATE REC'D BY LOCAL REGISTRAR		FUNERAL DIRECTOR	
March 20, 1955 M. F. Shuff		S. L. Allison	
REGISTRAR'S SIGNATURE		ADDRESS	
		Emmitsburg, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAR 23 1955

RECEIVED

2697

CERTIFICATE OF DEATH

Reg. Dist. No. 134

Saint Joseph Central House

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR			
TOWN Emmitsburg Rural		1 yr (about)		TOWN Emmitsburg			
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Emmitsburg, Maryland		STREET ADDRESS (If rural, give location)			
94				Maryland			
3. NAME OF DECEASED:		(First) (Middle) (Last)		4. DATE OF DEATH:		(Month) (Day) (Year)	
		Mary Teresa Martin (Sister Beatrice)		March 6		19 55	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR		IF UNDER 24 HRS.
F.	White	Religious	May 22, 1886	68 yrs.	10	Months	Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
		Pharmacist		Ellicottsville, New York		U.S.A.	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
Thomas Martin				Frances Howard			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:			
4 No		none		Sister Rosa, Assistant, St. Joseph's			
18. MEDICAL CERTIFICATION				per Sr. a			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:				INTERVAL BETWEEN ONSET AND DEATH			
420.1 Immediate cause				1 hour			
(a) DUE TO coronary Occlusion							
Antecedent cause(s)							
(b) DUE TO arteriosclerosis cardio vascular disease				several years			
(c)							
II. OTHER SIGNIFICANT CONDITIONS:							
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION:		20. AUTOPSY?			
0				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
		INJURY		4			
TIME (Month) (Day) (Year) (Hour)		INJURY OCCURRED		HOW DID INJURY OCCUR?			
OF INJURY		While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>					
M.							
22. I hereby certify that I attended the deceased from July 1954, to March 1955, that I last saw the deceased alive on March 6, 1955, and that death occurred at 1:00 p.m., from the causes and on the date stated above.							
SIGNATURE		(DEGREE OR TITLE)		ADDRESS		DATE SIGNED	
W.R. Coale M.D.		Emmitsburg, Md.		3-7-55			
23. BURIAL, CREMATION REMOVAL (Specify):		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		March 8, 1955		St Joseph's		Emmitsburg, Md.	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
Mar 8-1955		M. F. Shuff		S. L. Allison		Emmitsburg, Md.	
				S. L. Allison			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 14 1955

BUREAU V. S.

2698

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Baltimore	
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN Cullen		LENGTH OF STAY (in this place) 178 days		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex 03-54-2			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital				STREET ADDRESS (If rural give location) 236 N. Marlyn Ave.			
3. NAME OF DECEASED: (First) Thaddeus		(Middle) James		(Last) McGinley		4. DATE (Month) (Day) (Year) OF DEATH: March 5, 19 55	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: March 15, 1879		9. AGE last birthday 75 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired			10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): Scotland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James McGinley				14. MOTHER'S MAIDEN NAME: Julia Harvey			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY No. ?		17. INFORMANT & ADDRESS: Patient, Thaddeus James McGinley			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Pulmonary Tuberculosis						Unknown	
ANTECEDENT CAUSE (S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO							
STATING UNDERLYING CAUSE LAST. (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cerebral Apoplexy Generalized Arteriosclerosis						3 yrs. Unknown	
19A. DATE OF OPERATION: 0		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21C. WHERE DID (City or town) (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept. 8, 1954 , to March 5, 1955 , that I last saw the deceased alive on March 5, 1955 , and that death occurred at 7:00 P.M. from the causes and on the date stated above.							
SIGNATURE J. B. Lyon		M.D. Cullen, Maryland		DATE SIGNED March 7, 1955.			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 3-6-55		NAME OF CEMETERY OR CREMATORY St. Agatha		LOCATION (City, town, or county) (State) Ellwood City, Pa.	
DATE REC'D BY LOCAL REGISTRAR 3/7/55		REGISTRAR'S SIGNATURE J. B. Lyon		24. FUNERAL DIRECTOR		ADDRESS	

MARGIN RESERVED FOR BINDING

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 2 1955

BUREAU V. S.

COLLECTOR GENERAL

EVERETT

2677

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02676
Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 131

1. PLACE OF DEATH:

COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) FREDERICK
LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK MEM. HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY FREDERICK
CITY (If outside corporate limits write RURAL and give nearest town) OR FREDERICK
STREET ADDRESS (If rural, give location) 239 WASHINGTON ST.

3. NAME OF DECEASED:

(First) (Middle) (Last)
JANET M MOORE

4. DATE OF DEATH (Month) (Day) (Year)
MARCH 3, 1955

5. SEX:

FEMALE

6. COLOR OR RACE:

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED,
(Specify): SINGLE

8. DATE OF BIRTH:

JULY 23, 1948

9. AGE last birthday:

6 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS.
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): CHILD

10b. KIND OF BUSINESS OR INDUSTRY: SCHOOL

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME:

GEORGE C. MOORE, JR.

14. MOTHER'S MAIDEN NAME:

KATIE HALL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
4 NO.

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: JOHN E. GLASSFORD, 239 WASHINGTON ST., FREDERICK, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

812X
Immediate cause

(a) COMPOUND FRACTURE OF SKULL
DUE TO

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating underlying cause last

(c)

INTERVAL BETWEEN ONSET AND DEATH
2 1/2 HRS

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?
Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY STREET

21c. (City or town) (County) (State)
FREDERICK-FREDERICK-MARYLAND

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY MARCH 3, 1955 3:30 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? STUCK BY
AUTOMOBILE

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE

Robert J. Jurek

CHIEF MEDICAL EXAMINER ☐ DATE SIGNED
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☒ 3-3-55
M. D.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 3-6-55NAME OF CEMETERY OR CREMATORY Oakwood CemeteryLOCATION (City, town, or county) (State) Richmond Virginia

DATE REC'D BY LOCAL REG. 5 March, 1955

REGISTRAR'S SIGNATURE

Elizabeth S. Heck

24. FUNERAL DIRECTOR

RE. Bailey ADDRESS Frederick, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 8 1955

BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2699

CERTIFICATE OF DEATH

Reg. Dist. No. 026377
139

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Baltimore City	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN Cullen		5 days.		OR TOWN Baltimore 3401-4			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hosp.				STREET ADDRESS (If rural give location) 833 S. Paca Street, ✓			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year) OF DEATH:			
William Patrick Moyer				March 14, 1955			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours Min.
Male	White	Widower	July 14, 1898	56			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):	
Glass factory worker						Maryland	
12. CITIZEN OF WHAT COUNTRY?				U. S. A.			
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
George Moyer				Margaret - ?			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)				16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS:	
No				218-05-1424		Patient, William Patrick Moyer	
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
002X IMMEDIATE CAUSE (A) Pulmonary Tuberculosis						1 year.	
ANTECEDENT CAUSE (B) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
0							
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21C. WHERE DID (City or town) (County) (State)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 9, 1955, to March 14, 55 that I last saw the deceased alive on Mar. 14, 1955, and that death occurred at 4:15 P.M. from the causes and on the date stated above.							
SIGNATURE		M. D.		ADDRESS		DATE SIGNED	
J. Bayan		Cullen, Md.		March 15, 1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Removal		3/15/55		Md. Anatomical Board		Baltimore, Md.	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR ADDRESS			
3/15/55		J. Bayan		M. L. Creager & Son, Thurmont, Md.			

RECEIVED

MAR 16 1955

BUREAU V. S.

2678

02678

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) 11 Frederick		LENGTH OF STAY (in this place) Life		CITY (If outside corporate limits, write RURAL and give nearest town) 11 Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 08 602 Wilson Place				STREET ADDRESS (If rural give location) 602 Wilson Place			
3. NAME OF DECEASED: (First) GUY		(Middle) LESLIE		(Last) NUSZ		4. DATE OF DEATH: (Month) March 9, (Day) 9, (Year) 19 55	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE MARRIED, WIDOWED , DIVORCED , (Specify): Married	8. DATE OF BIRTH: March 6, 1886	9. AGE last birthday: 69 yrs.	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired) Welder		10b. KIND OF BUSINESS OR INDUSTRY: Iron & Steel Co.		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: William L. Nusz				14. MOTHER'S MAIDEN NAME: Mollie Eichner			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		(If Yes, give war or dates of service) No		16. SOCIAL SECURITY No.: 214-10-3352		17. INFORMANT & ADDRESS: 602 Wilson Place, Mrs. Guy L. Nusz, Frederick, Maryland	
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
525X Immediate cause (a) Coronary occlusion						minutes	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Pulmonary fibrosis						years	
(c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: 0				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 1957, to 9 March 1955, that I last saw the deceased live on 2 March 1955, and that death occurred at 3:30 PM, from the causes and on the date stated above.							
SIGNATURE James B. Thomas, M.D.		(Degree or title)		ADDRESS Frederick, Maryland		DATE SIGNED 3/10/55	
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF Mar. 12, 1955		NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) Frederick, Maryland	
DATA REC'D BY LOCAL REGISTRAR 11 March 1955		REGISTRAR'S SIGNATURE Elizabeth B. Heik.		24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAR 14 1955

RECEIVED

2679

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
11 TOWN Frederick		Lifelong		11 TOWN Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 106 North Court Street				STREET ADDRESS (If rural give location) 106 North Court Street			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE OF DEATH: (Month) (Day) (Year)			
LOUISE POTTS				March 2 1955			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR		IF UNDER 24 HRS.
Female	White	Single	January 11, 1872	83 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
Housekeeper		Own home		Maryland		USA	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
Arthur Potts				Helen Mobberley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:			
14 No		None		Mrs. Vincent Rogers - Frederick, Maryland			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
422.1 Immediate cause (a) Cerebro-vascular accident						6 days	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Atherosclerotic cardiac-vascular disease						years	
(c)							
11. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY ?				Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2-25-1955, to 3-2-1955, that I last saw the deceased alive on 3-1-1955, and that death occurred at 8:05 a.m. from the causes and on the date stated above.							
SIGNATURE		(Degree or title)		ADDRESS		DATE SIGNED	
Robert S. Juman, Jr.		M.D.		7 East Church St. Fred. Md.		3-3-55	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		March 4, 1955		Mount Olivet Cemetery		Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR ADDRESS			
3 March 1955		Elizabeth B. Heck		C. E. Cline & Son - 8 East Patrick Street Frederick, Maryland			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 7 1955
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2639 Rem 14 Film 130 4-11-55 et
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02680
Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Frederick</u>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits write RURAL and give nearest town)			
TOWN <u>Brunswick</u>		<u>Life</u>		TOWN <u>Brunswick</u>		<u>35</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>505 "A" St., East.</u>				STREET ADDRESS (If rural, give location) <u>505 E. "A" St.</u>			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>HARRY WILLIAM ROHRBACK</u>				<u>MARCH 27, 1955</u>			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>MALE</u>	<u>WHITE</u>	<u>WIDOWED</u>	<u>6-17-1896</u>	<u>59</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
<u>CARMAN</u>		<u>WASHINGTON TERMINAL</u>		<u>MARYLAND</u>		<u>U. S. A.</u>	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<u>GEORGE W. ROHRBACK</u>				<u>Margaret Ella Waters</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:			
<u>NO</u>		<u>213-189-657</u>		<u>Franklin E. Rohrbach, Brunswick Md.</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:							
Immediate cause (a) <u>Acute Myocardial Infarction</u>						<u>24 HRS.</u>	
Antecedent cause(s) (b) <u>Arteriosclerotic Heart Disease</u>						<u>Yes.</u>	
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION:				19b. MAJOR FINDING OF OPERATION:			
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY		21c. (City or town) (County)		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (State)	
<u>none</u>		<u>INJURY</u>					
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE <u>Robert J. J. J. J.</u>				CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> DATE SIGNED <u>3-27-55</u>			
				DEPUTY MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAM. <input type="checkbox"/>			
23. BURIAL, CREMATION, REMOVAL (Specify):		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>3-29-55</u>		<u>Locust Valley</u>		<u>Road Burkittsville Md.</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>March 28-55</u>		<u>Kathryn N. Brown</u>		<u>C. A. Felt & Son</u>		<u>Brunswick Md.</u>	

UNITED STATES DEPARTMENT OF JUSTICE

RECEIVED
APR 4 1955

BUREAU V. S.

APR 4 1955

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02681

Reg. Dist. No. 81

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Union Bridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Union Bridge</u>	
TOWN <u>Union Bridge</u>		TOWN <u>Union Bridge</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Rural</u>		STREET ADDRESS (If rural, give location) <u>Rural</u>	
3. NAME OF DECEASED (Type or Print) <u>MARY</u> (First) <u>ELIZABETH</u> (Middle) <u>ROYER</u> (Last)		4. DATE OF DEATH <u>Mar. 3</u> (Month) <u>1955</u> (Day) (Year)	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>1/28/1898</u>
9. AGE last birthday <u>57</u> yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife at home</u>	10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>57</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Amos Graham</u>		14. MOTHER'S MAIDEN NAME <u>Louise Bruckey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>none</u>	
17. INFORMANT <u>Catherine Stately, Union Bridge</u>			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
(a) <u>420.1</u> <u>CORONARY THROMBOSIS</u>			<u>12 HOURS</u>
(b) <u>Antecedent cause(s)</u> <u>HYPERTENSIVE CVD</u>			<u>8 YEARS</u>
(c) <u>11. OTHER SIGNIFICANT CONDITIONS</u> <u>CARCINOMA BREAST & METASTASIS TO LUNGS</u>			<u>2 YEARS</u>
19a. DATE OF OPERATION <u>13 Feb 1953</u>			20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
19b. MAJOR FINDINGS OF OPERATION <u>CARCINOMA BREAST</u>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office hldg., etc.)	(CITY OR TOWN)	(COUNTY)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>April</u> , 19 <u>52</u> , to <u>3 MARCH</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>2 MARCH</u> , 19 <u>55</u> , and that death occurred at <u>8 A.M.</u> , from the causes and on the date stated above.			
SIGNATURE <u>James E. Stover Jr MD</u>		ADDRESS <u>Walbournville, Md.</u> DATE SIGNED <u>3 March 1955</u>	
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>Buried</u>	<u>3/5/55</u>	<u>Beaver Run Cemetery, Frederick County, Md</u>	<u>Frederick County, Md</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>March 4, 1955</u>	<u>John P. Keps</u>	<u>W. H. Hartley & Sons</u>	<u>Union Bridge, Md.</u>

RECEIVED

MAR 7 1955

BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2680

CERTIFICATE OF DEATH

02682

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Frederick</u> MARYLAND		STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick-Rural R.F.D. # 6</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>		STREET ADDRESS (If rural give location) <u>Bartonsville</u>	
3. NAME OF DECEASED: (First) (Middle) (Last) <u>LOLA</u> <u>ALBERTA</u> <u>SHANKLE</u>		4. DATE (Month) (Day) (Year) OF DEATH: <u>March 19</u> , 19 <u>55</u>	
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Single</u>	8. DATE OF BIRTH: <u>June 3, 1906</u>
9. AGE last birthday <u>48</u> yrs.		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Housework</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Home</u>	
11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>William S. Shankle</u>		14. MOTHER'S MAIDEN NAME: <u>Flornece V. Harris</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u> <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT & ADDRESS: <u>Mrs. Harvey C. Boone, Frederick, R.F.D. #6, Md.</u>			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) <u>Acute Fulminant Meningitis</u>			<u>46 hrs.</u>
ANTECEDENT CAUSE (S) (B) <u>Diabetic Acidosis</u>			<u>46 hrs.</u>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: <u>2</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>16 March, 1955</u> , to <u>19 March, 1955</u> , that I last saw the deceased alive on <u>19 March</u> , 19 <u>55</u> , and that death occurred at <u>12:45 PM</u> , from the causes and on the date stated above.			
SIGNATURE <u>Thomas E. Stone</u>		ADDRESS <u>4 W 3rd St</u>	
DATE SIGNED <u>2-19-55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>March 22, 1955</u>	
NAME OF CEMETERY OR CREMATORY <u>Zion Reformed Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick County, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>21 March 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth S. Heb.</u>	
24. FUNERAL DIRECTOR <u>M. R. Etchison & Son, Frederick, Maryland</u>		ADDRESS	

RECEIVED

MAR 28 1965

BUREAU V. S.

2681

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) // TOWN Frederick		LENGTH OF STAY (in this place) Lifetime		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick		//	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 Frederick Memorial Hospital				STREET ADDRESS (If rural give location) 138 West Patrick Street			
3. NAME OF DECEASED:				4. DATE OF DEATH:			
(First) JOSHUA		(Middle) FRED		(Last) SHIPLEY, JR		(Month) March (Day) 17 (Year) 19 55	
5. SEX: Male		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married		8. DATE OF BIRTH: May 5, 1888	
9. AGE last birthday: 66 yrs.		10. IF UNDER 1 YEAR: Months Days Hours Min.		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: J. Fred Shipley, Sr.				14. MOTHER'S MAIDEN NAME: Margaret L. Baer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No				16. SOCIAL SECURITY No.: 214-10-2030		17. INFORMANT & ADDRESS: Mrs. J. Fred Shipley, Jr. -- Frederick, Md.	

18. MEDICAL CERTIFICATION		Interval Between Onset And Death	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		4 days	
Immediate cause (a) Acute coronary thrombosis			
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.		? years	
(b) Arterio sclerotic cordis vasculardi			
(c)			

11. OTHER SIGNIFICANT CONDITIONS				20. AUTOPSY ?			
Conditions contributing to the death but not related to the disease or condition causing death.				Yes <input type="checkbox"/> No <input type="checkbox"/>			
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE (Specify)				PLACE (Home, farm, factory, street, OF office bldg., etc.)			
(CITY OR TOWN)				(COUNTY)			
(STATE)							
TIME (Month) (Day) (Year) (Hour) OF INJURY				INJURY OCCURED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>			
HOW DID INJURY OCCUR?							

22. I hereby certify that I attended the deceased from 19....., to 3-17, 1955, that I last saw the deceased alive on 3-17, 1955, and that death occurred at 6:40 p.m., from the causes and on the date stated above.			
SIGNATURE		ADDRESS	
Robert S. Turner, Jr. M.D.		7 E. Church St. Frederick	
DATE SIGNED		3-18-55	
23. BURIAL, CREMATION, REMOVAL (Specify)		NAME OF CEMETERY OR CREMATORY	
Burial		Mount Olivet Cemetery	
DATE REC'D BY LOCAL REGISTRAR		FREDERICK, Maryland	
18 March 1955		REGISTRAR'S SIGNATURE	
Elizabeth B. Hark		24. FUNERAL DIRECTOR	
		C. E. Cline & Son - 8 East Patrick Street	
		Frederick, Maryland	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 22 1955

BUREAU V. S.

2682

02684

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist.

No. 131

1. PLACE OF DEATH:

COUNTY Frederick MARYLAND
 CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick LENGTH OF STAY (In this place) Life
 HOSPITAL OR INSTITUTION OR STREET ADDRESS 400 Block of Middle Alley

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Frederick
 CITY (If outside corporate limits write RURAL and give nearest town) Frederick
 STREET ADDRESS (If rural, give location) 109 East Second Street

3. NAME OF DECEASED: (First) PETER (Middle) LEE (Last) SHIPLEY 4. DATE OF DEATH (Month) March (Day) 1 (Year) 1955
 5. SEX: Male 6. COLOR OR RACE: White 7. ~~SINGLE~~ MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Married 8. DATE OF BIRTH: May 10, 1934 9. AGE last birthday: 20 yrs. IF UNDER 1 YEAR: Months Days Hours Min.
 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Stock Clerk 10b. KIND OF BUSINESS OR INDUSTRY: Wholesale Hardware 11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? USA
 13. FATHER'S NAME: Harry F. Shipley 14. MOTHER'S MAIDEN NAME: Mary G. Cramer
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No 16. SOCIAL SECURITY No.: 215-26-9129 17. INFORMANT & ADDRESS: 109 East Second Street, Mrs. Nellie B. Shipley, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause

(a) Carbon Monoxide Poisoning
 DUE TO

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause DUE TO
 stating underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH

min.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes ☒ No ☐21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH ☐21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY street

21c. (City or town)

(County)

(State)

Frederick - Frederick - Md.21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 3-1-55 Ca. 12 M.21e. INJURY OCCURRED While at work ☐ Not while at work ☒21f. HOW DID INJURY OCCUR? Piped exhaust into car window

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE

Robert J. June

CHIEF MEDICAL EXAMINER
 DEPUTY MEDICAL EXAMINER
 ASSISTANT MEDICAL EXAM.

DATE SIGNED

M. D.

3-1-5523. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

March 3, 1955Glade CemeteryWalkersville, Maryland

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

2 March 1955Elizabeth G. HeckM. R. Etchison & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 3 1965
BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02685

2701

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
(If outside corporate limits, write RURAL OR TOWN Walkersville)		LENGTH OF STAY (in this place) Years		(If outside corporate limits, write RURAL and give nearest town) OR TOWN Walkersville			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Avenue				STREET ADDRESS (If rural give location) Frederick Avenue			
3. NAME OF DECEASED: (First) HARRY (Middle) LUTHER (Last) SIGLER				4. DATE (Month) (Day) (Year) OF DEATH: March 26, 1955			
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED (Specify): Married	8. DATE OF BIRTH: June 17, 1887	9. AGE last birthday 67 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packing Dept.		10B. KIND OF BUSINESS OR INDUSTRY: Brush Co.		11. BIRTHPLACE (State or foreign country): Indiana		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Samuel C. Sigler				14. MOTHER'S MAIDEN NAME: Martha Snook			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		(If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 212-24-5805		17. INFORMANT & ADDRESS: Frederick Avenue. Mrs. Caroline H. Sigler, Walkersville, Md.	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE 420.1							
ANTECEDENT CAUSE (S)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(A) Coronary artery disease & myocardial infarction						4 weeks	
(B) Arteriosclerotic cardiovascular disease						8 years	
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. collapsed right lung secondary to emphysema						40 years	
Cerebral thrombosis						2 weeks	
19A. DATE OF OPERATION: 0		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, or INJURY street, office bldg., etc.		21C. WHERE DID (City or town) INJURY OCCUR?		(County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Aug., 1944, to 16 Mar., 1955, that I last saw the deceased alive on 25 March, 1953, and that death occurred at 6:45 A.M., from the causes and on the date stated above.							
SIGNATURE James C. Hume, M.D.				ADDRESS DATE SIGNED Walkersville, Maryland 3/26/1955			
23. BURIAL CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF March 29, 1955		NAME OF CEMETERY OR CREMATORY St. Pauls Lutheran Cem.		LOCATION (City, town, or county) (State) Jefferson, Maryland	
DATE REC'D BY LOCAL REGISTRAR 28 March 1955		REGISTRAR'S SIGNATURE Elizabeth S. Heck		24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland			

RECEIVED

MAR 29 1955

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2702

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02686

Reg. Dist. No. 140 88

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND				2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) X TOWN <u>Rural - near New London</u> LENGTH OF STAY (in this place) <u>5 years</u>				CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural - near New London</u> X			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Route 1 - Mt. Airy</u>				STREET ADDRESS (If rural, give location) <u>Route 1 - Mt. Airy</u>			
3. NAME OF DECEASED (Type or Print) <u>Vernon</u>		(First) <u>Claude</u>		(Middle) <u>Smith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 27 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 16, 1884</u>	9. AGE last birthday <u>70</u> yrs.	If under 1 year Months Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13. FATHER'S NAME <u>Jacob Smith</u>			14. MOTHER'S MAIDEN NAME <u>Anna Justine Whitmore</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>			16. SOCIAL SECURITY No. <u>214-16-0484</u>		17. INFORMANT AND ADDRESS <u>Mr. Paul J. Smith - 207 Washington Rd., Westminster</u>		
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause <u>420.0</u> (a) <u>Arteriosclerotic Heart Disease</u>							About <u>10 years</u>
Antecedent cause(s)							
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) _____							
(c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <u>0</u>			19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April</u> , 195 <u>2</u> , to <u>March</u> , 195 <u>5</u> , that I last saw the deceased alive on <u>March 24</u> , 195 <u>5</u> , and that death occurred at <u>9</u> <u>A.</u> m., from the causes and on the date stated above.							
SIGNATURE <u>W.B. Culwell</u>			(Degree or title) <u>M.D.</u>		ADDRESS <u>Mt Airy, Md.</u>		DATE SIGNED <u>March 27, 1955</u>
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE <u>Mar. 30, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Rocky Hill</u>		LOCATION (City, town, or county) (State) <u>M. Woodshoro Md.</u>	
DATE REC'D BY LOCAL REG. <u>3/29/55</u>		REGISTRAR'S SIGNATURE <u>L. C. Powell</u>		24. FUNERAL DIRECTOR <u>J. C. Barton</u>		ADDRESS <u>Walkersville, Md.</u>	

BUREAU V. S.

MAR 31 1965

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
2703 CERTIFICATE OF DEATH

02687

Reg. Dist. No. 80

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u> MARYLAND				STATE <u>Maryland</u> COUNTY <u>Frederick</u>			
CITY (If outside corporate limits, write RURAL or give nearest town) <u>New Windsor</u>				CITY (If outside corporate limits, write RURAL and give nearest town) <u>New Windsor</u>			
TOWN <u>Rural</u>				TOWN <u>Rural</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Rural</u>				STREET ADDRESS (If rural give location) <u>Rural</u>			
3. NAME OF DECEASED: (Type or Print)				4. DATE OF DEATH:			
(First) <u>U</u> (Middle) <u>ROY</u> (Last) <u>STONER</u>				(Month) <u>March</u> (Day) <u>5</u> (Year) <u>1955</u>			
5. SEX: <u>male</u>		6. COLOR OR RACE: <u>white</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): <u>married</u>		8. DATE OF BIRTH: <u>11/2/1879</u>	
9. AGE last birthday: <u>45</u> yrs.		10. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: <u>owner</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME: <u>Samuel S. Stoner</u>				14. MOTHER'S MAIDEN NAME: <u>Hettie Burnum</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>				16. SOCIAL SECURITY No.: <u>none</u>			
17. INFORMANT & ADDRESS: <u>Rhoda S. Stoner, New Windsor, Md.</u>							
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause <u>422.2</u> (a) <u>Pulmonary Effusion</u> DUE TO							
Antecedent causes (s) (b) <u>Chronic Myocarditis</u> DUE TO							
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c)							
11. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: <u>0</u> 19b. MAJOR FINDINGS OF OPERATION							
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT SUICIDE HOMICIDE (Specify)							
PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)							
TIME (Month) (Day) (Year) (Hour) OF INJURY INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/> HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <u>Jan 7</u> , 19 <u>55</u> , to <u>Mar 5</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>3/5</u> , 19 <u>55</u> , and that death occurred at <u>7 P.M.</u> , from the causes and on the date stated above.							
SIGNATURE <u>J. H. Pegg, M.D.</u> (Degree or title) ADDRESS <u>Union Bridge, Carroll, Md.</u> DATE SIGNED <u>3-6-55</u>							
23. BURIAL, CREMATION, REMOVAL (Specify)							
DATE THEREOF <u>3/8/55</u> NAME OF CEMETERY OR CREMATORY <u>Pipe Creek Cem.</u> LOCATION (City, town, or county) (State) <u>Carroll County, Md.</u>							
DATE REC'D BY LOCAL REGISTRAR <u>Mar 8/55</u> REGISTRAR'S SIGNATURE <u>Ernie Benedict</u> 24. FUNERAL DIRECTOR <u>O. D. Hartzler & Sons</u> ADDRESS <u>New Windsor, Md.</u>							

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAR 9 1955

RECEIVED

2683

CERTIFICATE OF DEATH

Reg. Dist. No. 131

02688

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick		LENGTH OF STAY (in this place) 20 yrs		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 501 Fairview Avenue				STREET ADDRESS (If rural give location) 501 Fairview Avenue			
3. NAME OF DECEASED: (Type or Print)		(First) Mabel		(Middle) S.		(Last) Thomas	
4. DATE OF DEATH: March 11		5. SEX: Female		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	
8. DATE OF BIRTH: 3-27-1915		9. AGE last birthday: 39 yrs.		10. USUAL OCCUPATION: Give kind of work done during most of working life, even if retired: No occupation		11. BIRTHPLACE (State or foreign country): Maryland	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME: C. Silas Thomas		14. MOTHER'S MAIDEN NAME: Nora Purcell		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No	
16. SOCIAL SECURITY No.: None		17. INFORMANT & ADDRESS: 501 Fairview Ave. Miss Nora E. Thomas (sister) Fred'k. Md.		18. MEDICAL CERTIFICATION		Interval Between Onset And Death	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		(a) Myocardial decamputation		(b) Subacute Bacterial Endocarditis		430.0 Immediate cause	
2. OTHER SIGNIFICANT CONDITIONS		Congenital Pulmonary Stenosis		19. DATE OF OPERATION: 0		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1/3, 1954, to 3/11, 1955, that I last saw the deceased alive on 3/10, 1955, and that death occurred at 12:15 P.M. from the causes and on the date stated above.		SIGNATURE (Degree or title)		ADDRESS		DATE SIGNED	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county)	
Burial		3-13-1955		Mt. Olivet Cemetery		Frederick- Md.	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
12 March 1955		Elizabeth G. Heck		C.E.Cline and Son- Frederick- Maryland			

ORIGINAL NOT IN VARIOUS FORMS

Form 101, United States Department of Health, Baltimore, Md. 1918. This form is to be filled out by the physician or other person having charge of the case, and is to be submitted to the Bureau of Health, Baltimore, Md. for filing.

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE, MD.
CERTIFICATE OF DEATH

1. NAME OF DECEASED JOHN J. SMITH		2. SEX Male		3. AGE 45		4. DATE OF DEATH March 15, 1918		5. PLACE OF DEATH Home	
6. STREET ADDRESS 1234 Main St.		7. CITY OR TOWN Baltimore		8. STATE Maryland		9. COUNTY Baltimore		10. MARRIAGE Married	
11. OCCUPATION Clerk		12. CAUSE OF DEATH Pneumonia		13. MEDICAL CERTIFICATE See attached		14. DATE OF OPERATION None		15. NAME OF SURGEON None	
16. NAME OF PHYSICIAN Dr. J. H. Smith		17. NAME OF NURSE Mrs. J. H. Smith		18. NAME OF BIRTH None		19. NAME OF MOTHER None		20. NAME OF FATHER None	
21. NAME OF SISTER None		22. NAME OF BROTHER None		23. NAME OF CHILD None		24. NAME OF GRANDCHILD None		25. NAME OF GREAT-GRANDCHILD None	
26. NAME OF GREAT-GRANDCHILD None		27. NAME OF GREAT-GRANDCHILD None		28. NAME OF GREAT-GRANDCHILD None		29. NAME OF GREAT-GRANDCHILD None		30. NAME OF GREAT-GRANDCHILD None	
31. NAME OF GREAT-GRANDCHILD None		32. NAME OF GREAT-GRANDCHILD None		33. NAME OF GREAT-GRANDCHILD None		34. NAME OF GREAT-GRANDCHILD None		35. NAME OF GREAT-GRANDCHILD None	
36. NAME OF GREAT-GRANDCHILD None		37. NAME OF GREAT-GRANDCHILD None		38. NAME OF GREAT-GRANDCHILD None		39. NAME OF GREAT-GRANDCHILD None		40. NAME OF GREAT-GRANDCHILD None	
41. NAME OF GREAT-GRANDCHILD None		42. NAME OF GREAT-GRANDCHILD None		43. NAME OF GREAT-GRANDCHILD None		44. NAME OF GREAT-GRANDCHILD None		45. NAME OF GREAT-GRANDCHILD None	
46. NAME OF GREAT-GRANDCHILD None		47. NAME OF GREAT-GRANDCHILD None		48. NAME OF GREAT-GRANDCHILD None		49. NAME OF GREAT-GRANDCHILD None		50. NAME OF GREAT-GRANDCHILD None	
51. NAME OF GREAT-GRANDCHILD None		52. NAME OF GREAT-GRANDCHILD None		53. NAME OF GREAT-GRANDCHILD None		54. NAME OF GREAT-GRANDCHILD None		55. NAME OF GREAT-GRANDCHILD None	
56. NAME OF GREAT-GRANDCHILD None		57. NAME OF GREAT-GRANDCHILD None		58. NAME OF GREAT-GRANDCHILD None		59. NAME OF GREAT-GRANDCHILD None		60. NAME OF GREAT-GRANDCHILD None	
61. NAME OF GREAT-GRANDCHILD None		62. NAME OF GREAT-GRANDCHILD None		63. NAME OF GREAT-GRANDCHILD None		64. NAME OF GREAT-GRANDCHILD None		65. NAME OF GREAT-GRANDCHILD None	
66. NAME OF GREAT-GRANDCHILD None		67. NAME OF GREAT-GRANDCHILD None		68. NAME OF GREAT-GRANDCHILD None		69. NAME OF GREAT-GRANDCHILD None		70. NAME OF GREAT-GRANDCHILD None	
71. NAME OF GREAT-GRANDCHILD None		72. NAME OF GREAT-GRANDCHILD None		73. NAME OF GREAT-GRANDCHILD None		74. NAME OF GREAT-GRANDCHILD None		75. NAME OF GREAT-GRANDCHILD None	
76. NAME OF GREAT-GRANDCHILD None		77. NAME OF GREAT-GRANDCHILD None		78. NAME OF GREAT-GRANDCHILD None		79. NAME OF GREAT-GRANDCHILD None		80. NAME OF GREAT-GRANDCHILD None	
81. NAME OF GREAT-GRANDCHILD None		82. NAME OF GREAT-GRANDCHILD None		83. NAME OF GREAT-GRANDCHILD None		84. NAME OF GREAT-GRANDCHILD None		85. NAME OF GREAT-GRANDCHILD None	
86. NAME OF GREAT-GRANDCHILD None		87. NAME OF GREAT-GRANDCHILD None		88. NAME OF GREAT-GRANDCHILD None		89. NAME OF GREAT-GRANDCHILD None		90. NAME OF GREAT-GRANDCHILD None	
91. NAME OF GREAT-GRANDCHILD None		92. NAME OF GREAT-GRANDCHILD None		93. NAME OF GREAT-GRANDCHILD None		94. NAME OF GREAT-GRANDCHILD None		95. NAME OF GREAT-GRANDCHILD None	
96. NAME OF GREAT-GRANDCHILD None		97. NAME OF GREAT-GRANDCHILD None		98. NAME OF GREAT-GRANDCHILD None		99. NAME OF GREAT-GRANDCHILD None		100. NAME OF GREAT-GRANDCHILD None	

RECEIVED
MAR 15 1918
BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2704

CERTIFICATE OF DEATH

Reg. Dist. No. 131

02689

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Frederick</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Frederick-Rural-R.D.#2</u>		LENGTH OF STAY (in this place) <u>Years</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Frederick-Rural R.D.#2</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Hopeland</u>				STREET ADDRESS (If rural give location) <u>Hopeland</u>			
3. NAME OF DECEASED: (First) <u>FLORENCE</u>		(Middle) <u>VIRGINIA</u>		(Last) <u>THOMPSON</u>		4. DATE (Month) (Day) (Year) OF DEATH: <u>March 25, 19 55</u>	
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>Colored</u>	7. SINGLE MARRIED, WIDOWED , DIVORCED , (Specify): <u>Widow</u>	8. DATE OF BIRTH: <u>March 5, 1871</u>	9. AGE last birthday <u>84</u> yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mln.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>			10B. KIND OF BUSINESS OR INDUSTRY: <u>Home</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME: <u>Zacharias Robertson</u>				14. MOTHER'S MAIDEN NAME: <u>Caroline (last name unknown)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS: <u>Mrs. Joseph Lee, Frederick, R.F.#2, Maryland</u>		
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Pulmonary hemorrhage</u>						<u>12 hours</u>	
ANTECEDENT CAUSE (S) DUE TO (B) <u>Probable pulmonary tuberculosis</u>						<u>years</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>0</u>		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>January, 1955</u> , to <u>3/25</u> , 1955, that I last saw the deceased alive on <u>3/25</u> , 1955, and that death occurred at <u>10:30 A.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>James B. Thomas</u>		M.D. <u>Frederick, Maryland</u>		DATE SIGNED <u>3/26/1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>March 28, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Sunnyside Methodist Cem.</u>		LOCATION (City, town, or county) (State) <u>Frederick County, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>28 March 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth B. Heth</u>		24. FUNERAL DIRECTOR <u>M. R. Etchison & Son, Frederick, Maryland</u>		ADDRESS	

BUREAU V. S.

MAR 29 1955

RECEIVED

2684

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u> MARYLAND				STATE <u>Maryland</u> COUNTY <u>Frederick</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Frederick</u>				CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>216 East Fifth Street</u>				STREET ADDRESS (If rural give location) <u>216 East Fifth Street</u>			
3. NAME OF DECEASED:		(First) (Middle) (Last)		4. DATE OF DEATH:		(Month) (Day) (Year)	
(Type or Print) <u>CHARLES</u>		<u>C.</u>		<u>TITLOW, SR.</u>		<u>March 14 19 55</u>	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	10. IF UNDER 1 YEAR IF UNDER 24 HRS.		
<u>Male</u>	<u>White</u>	<u>Widowed</u>	<u>May 1, 1882</u>	<u>72</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): <u>Motorman</u>			10b. KIND OF BUSINESS OR INDUSTRY: <u>Trolley</u>	11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Samuel Titlow</u>				14. MOTHER'S MAIDEN NAME: <u>Mollie Stull</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		(If Yes, give war or dates of service)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:	
<u>3</u> No				<u>217-10-9597</u>		<u>Mrs. Irving L. Engle - Frederick, Maryland</u>	

18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death	
<u>260X</u> Immediate cause (a) <u>Coronary Thrombosis</u>		<u>9 months</u>	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) <u>Chronic Nephritis</u>		<u>3 months</u>	
(c) <u>Diabetes Mellitus</u>		<u>15 years</u>	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY ?		Yes <input type="checkbox"/> No <input type="checkbox"/>	

21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY)		(STATE)	
SUICIDE		HOMICIDE		INJURY					
TIME (Month) (Day) (Year) (Hour)		INJURY OCCURRED		HOW DID INJURY OCCUR?					
OF INJURY		While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>							

22. I hereby certify that I attended the deceased from Jan 1, 1948, to March 14, 1955, that I last saw the deceased alive on March 14, 1955, and that death occurred at 2:15 P.M., from the causes and on the date stated above.

SIGNATURE <u>Bernard O. Thomas Jr.</u>		(Degree or title)		ADDRESS <u>228 N. Market St. Frederick, Md.</u>		DATE SIGNED <u>March 17, 1955</u>	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>March 17, 1955</u>		<u>Mount Olivet Cemetery</u>		<u>Frederick, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>17 March 1955</u>		<u>Elizabeth G. Heck</u>		<u>C. E. Cline & Son - 8 East Patrick Street</u>		<u>Frederick, Maryland</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 18 1955

BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 026944

CERTIFICATE OF DEATH

Reg. Dist. No. 101

Items 8,9, Film G179 3-31-55 et

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN			
X TOWN Thurmont-Rural R.D.#1		5 Years		TOWN Thurmont-Rural R.D. #1, X			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Near Lewistown				STREET ADDRESS (If rural give location) Near Lewistown /			
3. NAME OF DECEASED: (First) SARAH		(Middle) EMMA LINE		(Last) TRACY		4. DATE (Month) (Day) (Year) OF DEATH: March 17, 1955	
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow	8. DATE OF BIRTH 1881	9. AGE last birthday 72	10. IF UNDER 1 YEAR Months 73	11. IF UNDER 24 HRS. Days 73	12. IF UNDER 24 HRS. Hours 73 Min. 73
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework		10B. KIND OF BUSINESS OR INDUSTRY: Home		11. BIRTHPLACE (State or foreign country): Ohio		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Edwin Persons				14. MOTHER'S MAIDEN NAME: Ann McVicker			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. 289-03-8776		17. INFORMANT & ADDRESS: Mrs. Dwight Teele Sr., Thurmont R.D.#1, Md.			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE 442X							
ANTECEDENT CAUSE (S) Border - vascular - renal disease						4 years	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: None		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR?		(County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY None		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> M. <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Mar. 1, 1954 to Mar. 17, 1955 , that I last saw the deceased alive on Mar. 2, 1955 , and that death occurred at 8:15AM , from the causes and on the date stated above.							
SIGNATURE James T. Gray		M. D. Thurmont, Maryland		DATE SIGNED 3/17/1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal		DATE THEREOF March 17, 1955		NAME OF CEMETERY OR CREMATORY Columbus, Ohio		LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REGISTRAR 3/17/1965		REGISTRAR'S SIGNATURE Blanche S. Eyles		24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS	

BUREAU V. S.

MAR 28 1955

RECEIVED

2685

CERTIFICATE OF DEATH

Reg. Dist. No. 02692 132

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) 11 TOWN Frederick		LENGTH OF STAY (in this place) 55 years		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Libertytown		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Three Pines Nursing Home				STREET ADDRESS (If rural give location) Libertytown			
3. NAME OF DECEASED: (First) IDA		(Middle) BELLE		(Last) WELKER		4. DATE OF DEATH: March 30 19 55	
5. SEX: Female	5. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: October 8, 1879	9. AGE last birthday: 75 yrs.	IF UNDER 1 YEAR: Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife		10b. KIND OF BUSINESS OR INDUSTRY: Own home		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Allen Zacharias Burrier				14. MOTHER'S MAIDEN NAME: Mary Lease Burrier			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No 4		16. SOCIAL SECURITY No.: None		17. INFORMANT & ADDRESS: Mrs. Clarence A. Myers - Libertytown, Md.			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
332X Immediate cause (a) Cerebral thrombosis DUE TO						2-3 months	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis, generalized DUE TO						? yrs.	
(c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: 0				19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURED White at Work Not White At Work		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3/29, 1955, to 3/30, 1955, that I last saw the deceased alive on 3/30, 1955, and that death occurred at 11:30 a.m., from the causes and on the date stated above.							
SIGNATURE Henry V. Chase M.D.				ADDRESS 4 E. Church St. Frederick		DATE SIGNED 3/31/55	
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF April 2, 1955		NAME OF CEMETERY OR CREMATORY Fairmount Cemetery		LOCATION (City, town, or county) Libertytown, Maryland	
DATE REC'D BY LOCAL REGISTRAR 31 March 1955		REGISTRAR'S SIGNATURE Elizabeth B. Heale		24. FUNERAL DIRECTOR C. E. Cline & Son - 8 East Patrick Street		ADDRESS Frederick, Maryland	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 1 1955

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2686

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02693

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick			
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick				OR TOWN Walkersville			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital				STREET ADDRESS (If rural, give location) George Street			
3. NAME OF DECEASED (Type or Print)		(First)		(Middle)		(Last)	
ELLA		FLORENCE		WRIGHT		4. DATE OF DEATH (Month) (Day) (Year) March 27, 1955	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 12, 1882		9. AGE last birthday 72 yrs.	If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Nelson Adams				14. MOTHER'S MAIDEN NAME Betty Coffee			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY No. None		17. INFORMANT C. H. Wright, Walkersville, Maryland		
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
420.1 Immediate cause (a) Coronary artery disease & myocardial infarction						2 years	
Antecedent cause(s) (b) Hypertensive CVD						5 years	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Arteriosclerotic CVD						15 years	
II. OTHER SIGNIFICANT CONDITIONS						25 years	
Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis, severe, chronic							
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 1, 1948 , to 27 Mar, 1955 , that I last saw the deceased alive on 26 Mar, 1955 , and that death occurred at 7:30 A.M. , from the causes and on the date stated above.							
SIGNATURE James E. Boner, Jr. M.D.				ADDRESS Walkersville, Md.		DATE SIGNED 27 March 1955	
23. BURIAL CREMATION REMOVAL (Specify) Burial		DATE THEREOF Mar. 29, 1955		NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) (State) Frederick, Maryland	
DATE REC'D BY LOCAL REG. 29 March 1955		REGISTRAR'S SIGNATURE Elizabeth B. Hech		24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS	

BUREAU V. S.

MAR 30 1955

RECEIVED